Illinois HIV Integrated Planning Council (IHIPC) Webinar Minutes
December 4, 2018, 9:30 am – 12:30 pm

9:30 am: Welcome; Introductions; Moment of Silence

The Co-chair, J. Nuss, welcomed all participants to the meeting. Webinar instructions were reviewed, and the IHIPC leadership and the webinar facilitator were introduced. Participants were led in a moment of silence for all people living with HIV past and present as well as for all those working to end HIV in Illinois.

9:35 am: Meeting Process/Instructions

» Roll call attendance of voting members

Voting IHIPC members were asked to type "present" in the Q&A box of the webinar platform to confirm their attendance. Although other participants were not announced, it was noted that their attendance was being tracked and recorded.

» Review of agenda, Meeting objectives, IHIPC purpose, Announcements, Updates

The meeting agenda, objectives, and IHIPC purpose were reviewed. The following announcement and updates were also made:

- Meeting surveys can be submitted until December 11.
- As of October, 81 community/ agency representatives have participated in IHIPC webinars/ meetings
- Orientation for new IHIPC members will be completed this week.
- Input from the Viral Suppression discussion and the recap activity at the October meetings have been compiled. Results will be released after IHIPC leadership has the chance to review them.
- The link to the IHIPC webpage was shared. Participants can access at IHIPC documents and meeting registration links/recordings at http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg .
- The Winter IHIPC Newsletter is being reviewed and is expected to be released in mid-December. Articles for the Spring Newsletter should be submitted by February 15th.

9:45 am: Overview of Illinois' 2018 Progress on Integrated Plan Activities/ Q&A, Discussion/Input

Janet Nuss, IDPH HIV Integrated Planning Administrator

**NHAS Goal 1, Goal 2, Goal 3, Goal 4; Steps of the HIV Care Continuum: All*

J. Nuss presented an update on 2018 Integrated Plan task and activities identified in the Integrated Plan's Activity Chart. The 2018 update reports on activities completed from July 2017-June 2018 and includes any new activities added for 2019. Summaries of activities from the following IDPH HIV programs were presented during the meeting: Integrated Planning (including IHIPC activities), Training, Surveillance, Care, Prevention, and Perinatal Prevention. To view summaries presented during the meeting, please refer to the presentation slides. The entire 2018 update of the Activities Chart will be made available on the IHIPC webpage under "IHIPC Resource Documents" after the meeting.

Q&A, Discussion/Input:

C: M. Williams said: I think that everything that was presented looks great, especially the Corrections data. I would like to applaud the IHIPC and all HIV stakeholders for their work and progress towards serving clients. Great job to everyone involved.

A: J. Nuss replied: Thank you, this is truly a community wide effort. All of these activities could not have been completed without IHIPC membership and all people working in the field.

Q: J. Dispenza asked: Why were routine screening numbers down so much?

A: C. Hicks said: Routine screening appears to have gone down largely because routine screening activities have been transferred from the CAPUS grant (now closed) to the RIG grant. Previously, a health care system serving Chicago only had been a large contributor to routine screening data. This large agency is still

completing routine testing, but it is now billing third party insurers for testing and no longer reporting to IDPH. Other agencies throughout the state are also now conducting routine screening through third party billing. This is great, but their data is also not reported to IDPH. If at some point we can access Medicaid data, then we might be able to see figures for hospital systems and clinics outside of IDPH-funded systems.

Q: L. Choat stated: The number of HIV partner services offered seems low compared to STD. Is that normal or can someone speak to that point? I would like to add, great work all!

A: C. Hicks said: A smaller number of HIV partner services offered may be related to a small decline in positives found during this time period, and finding less positives may be related to agencies still recovering from the fiscal crisis.

Q: J. Dispenza asked: Is the HIV partner services data from one year or combined years?

A: J. Nuss responded: All data in this update of the Activities Chart are from July 2017-June 2018.

10:30 am: Vote on Final Recommended Changes to 2019 I&S Guidance/Q&A, Discussion/Input

Jeffery Erdman and Sara Zamor, IHIPC LTC, RRC, ART, & VS Committee Co-chairs

**NHAS Goal 1, Goal 2, Goal 3, Goal 4, Steps of the HIV Care Continuum: All*

J. Erdman presented Final Recommended Changes to the 2019 I&S Guidance. It was noted that a similar presentation was conducted at the June meeting, but further edits to the Guidance were made after June in accordance with additional IDPH/ CDC updates. The recommendations for changes to the 2019 Guidance are as follows:

- Recommended changes presented and approved at the June Meeting: Removing CRCS from the list of approved Public Health Strategies, as it is no longer supported by the CDC; adding HIV Navigation Services to the list of approved Biomedical Risk Reduction Interventions for HIV-Positive and HIV-Negative Individuals; and adding a PrEP Guidance to the Service Requirements and Performance Standards section of the I & S Guidance.

- Additional recommended changes: Adding a "National and State HIV Prevention Plans" forward to the 2019 I & S Guidance; removing Internet Risk Reduction Counseling (IRRC) from the list of approved key public health strategies; adding Routine HIV Screening (and a Guidance) to the list of approved key public health strategies; and along with an enhanced PrEP Guidance section, updating the "Biomedical Risk Reduction Interventions and Methods" section of the I & S Guidance.

Q&A, Discussion/Input:

Q: E. Alvarado asked: How much of the PrEP guidance for CDPH and IDPH will come from the Getting to Zero (GTZ) recommendations?

A: C. Hicks said: The Guidance is different from the GTZ plan as GTZ is strategic in nature. This Guidance is more clinical/ procedure-based, and its content comes predominantly from CDC resources.

C: E. Alvarado stated: Thank you. I want to share that the draft GTZ plan is now available and open for public comment (GTZIllinois.hiv/draft). I encourage everyone to read through this as it is meant to serve as a leading, living document. E. Alvarado can be contacted if there are any questions. In regards to PrEP, IDPH is continually looking to broaden its landscape, especially through IDPH's PrEP Project sites.

Vote: At 10:47 am, a motion was made by J. Nuss to accept the final recommended changes to the HIV Prevention Interventions and Services Guidance for 2019 as recommended and presented by the IHIPC LTC, RRC, ART, and VS and Primary Prevention Committees. The motion was seconded by C. Hendry at 10:47. With no further discussion, the motion carried with 25 members voting in favor, 0 opposed, 0 abstaining, and 8 not present.

J. Nuss thanked both committees for their extensive work on the Guidance.

11:00 am: Vote on Proposed Bylaws Changes re: Appointed Liaison Position/Q&A, Discussion/Input

Lisa Roeder and Mark Williams, IHIPC Membership Committee Co-chairs

**NHAS Goal 1, Goal 2, Goal 3, Goal 4, Steps of the HIV Care Continuum: All*

M. Williams presented proposed changes to the IHIPC bylaws. It was noted that the current IHIPC bylaws state that the Illinois State Board of Education (ISBE) will have an appointed voting seat on the IHIPC. Because of changes in staffing and in the requirements of their adolescent sexual health grant with CDC, ISBE will no longer have an appointed liaison on the IHIPC. The IHIPC Membership and Steering Committees have discussed a replacement and the expectations for voting members. Both committees recommend that the bylaws be changed to include the following language (language with strikethroughs was proposed to be deleted, and underlined language was proposed to be added) :

"1.2. Mandatory Appointed Voting Seats on the IHIPC:

b. Illinois Department of Health Care and Family Services (Medicaid) or Illinois Department of Human Services Division of Substance Use Prevention and Recovery

f. ~~Illinois State Board of Education (ISBE)~~ A statewide organization or agency (not limited to a specific jurisdiction in Illinois) with the ability to provide input from and communicate to providers and key stakeholders, whose input is important to HIV planning in Illinois. The organization filling this liaison appointment will be up for reconsideration every two years.

Note: Organizations who are registered lobbyists in the State of Illinois are prohibited from consideration as appointed voting members on the planning group."

Q&A, Discussion/Input:

There were no questions or comments following the end of the presentation.

Vote: At 11:01 am, a motion was made by D. Hunt to accept the proposed changes to the IHIPC Bylaws as presented and recommended by the Membership and Steering Committees. The motion was seconded by M. Gaines at 11:01am. With no further discussion, the motion carried with 25 members in favor, 0 opposed, 0 abstaining, and 8 not present.

J. Nuss thanked both committees for their work/ input on this discussion.

11:15 am: Updated Data Analysis/Explanation of the Vetting Process for Prioritized Populations Risk Definitions/ Q&A, Discussion/Input

Curt Hicks, IDPH HIV Prevention Administrator

**NHAS Goal 1, Goal 2, Goal 3, Goal 4, Steps of the HIV Care Continuum: All*

C. Hicks presented information on the vetting process for Prioritized Population Risk Definitions, accompanied by a sero-positivity analysis of updated testing data.

The vetting process for proposed changes to the Risk Group Definitions, which is conducted by the Epi/ NA committee, was reviewed. It was noted that anyone who would like to propose a change to the definitions should consider the following:

- Proposed changes should be recommended to help Illinois meet the sero-positivity goals of targeted testing (1.0%) or routine screening (0.1%) efforts.

-The proposed changes must be evidence-based, through either IDPH data analysis or from research literature sources that are comprised of national data or data that is from a geographic region similar to Illinois.

- More detailed information about considerations for proposed changes can be found in the presentation slides.

A sero-positivity data analysis, which included data from HIV testing provided by RIG and Direct grants from 1/1/16-10/31/18, was then reviewed. It is important to note that results of the analysis are based on risk disclosures made by clients. Results may be limited by the client choosing not to disclose some risks, or if the counselor did not ask all risk-related questions to the client. Significant findings in the data included, but are not limited to the following: the overall seropositive rate in the analysis was .49%; of the current prioritized populations, MSM had the highest sero-positivity rate at .63%; only one PWID (excluding MSMWID) tested positive among 1676 total tests; and among HRH, identification of having sex with an HIV-positive partner remained as the disclosure that produced high sero-positivity. Full results of the analysis can be reviewed in the presentation slides.

Q&A, Discussion/Input:

Q: S. St. Julian asked: For many of these high-risk groups, can we not ascribe the drop in positive cases to the fact that individuals may be on PrEP?

A: C. Hicks responded: Yes, this could be a factor. Another factor for decreasing sero-positivity rates might be that more HIV+ individuals are getting into care and becoming virally suppressed, therefore less HIV acquisition is happening. It should be noted that sero-positivity rates have fallen since the State's budget impasse. This data includes results from the end of that time, so that might be part of decreasing rates in this analysis.

Q: S. St. Julian stated: Do we currently have the ability to identify and separate out the tests of individuals on PrEP?

A: C. Hicks stated: Provide ™ does not have the ability to do this yet, but it is in the plans. This will be in alignment with plans proposed by CDC to capture this data as well. PrEP users should be able to be separated from others being tested in the next update of the analysis.

Q: J. Dispenza said: Thank you for the presentation. At Center on Halsted, we do not have an executed GRF grant. We have therefore put no testing data into Provide ™ since June. Running the analysis through October 2018 may have skewed the results as some agencies might be able to input testing data as of yet. It is important to note this as we might be missing information that will help in vetting for the Risk Group Definitions.

A: C. Hicks stated: that is a valid point and good caveat. It may be more appropriate to consider this data set ending in June 2018. However, the analysis had an almost 3 year time frame, so the sample size as it stands is large and valid.

Q: J. Erdman said: HIV incidence is generally falling. Will the committee be looking at new ways to prioritize beyond the 1 percent sero-positivity threshold?

A: C. Hicks responded: This becomes difficult as the CDC is still holding programs to a 1 percent standard for targeting testing. It may be that as funding stabilizes, sero-positivity rates will rise as agencies continue to build capacity and can do more outreach. As a group, we need to be thoughtful and creative in how to address this concern while also meeting CDC standards. Comparatively, test result sero-positivity rates have been falling faster than incidence rates, so this something to keep in mind as well.

Q: J. Sutter asked: Regarding the data for PWID for all genders, is it known if people were asked if they used a needle exchange program?

A: C. Hicks responded: People were not specifically asked this, but a lot of tests among PWID happened at agencies that provide syringe exchange services. To me, this points to evidence that harm reduction is working, but we do not have specific disclosure data to support their participation in syringe exchange.

Q: S. St. Julian asked: Can we expect the criteria questions that proved to not be beneficial to be deleted for the testing form?

A: C. Hicks responded: Yes, this is in the process of being done and will be completed when updates are able to be made in Provide ™ (pending contract for further Provide ™ development). Some questions are CDC-required so they will stay on the form, but beyond that, we are trying to keep the form as concise as possible.

Q: C. Wade asked: How and when will IDPH begin tracking gender non-conforming/ gender fluid clients?

A: C. Hicks responded: When updates are able to be made in Provide ™, the following gender categories will be added: transgender female, transgender male, and other.

Q: S. St. Julian asked: Why has the Department not contracted to advertise services and promote testing/PrEP information with the social media sites (i.e. Grindr)?

A: C. Hicks responded: The Department does not directly deliver those services. Funding for these activities goes to local agencies through grants, such as RIG. Capacity building can be used for these types of recruitment activities.

A: J. Erdman responded: Many sites are promoting testing via Grindr

A: St. S. Julian said: It seems that one uniform contact from the state would be more cost effective.

A: E. Alvarado responded: HIV Section leadership and the IDPH Director's Office will be holding a call with Grindr to talk about these types of possibilities in the future. I will update the IHIPC on this when able.

Q: C. Wade said: IHIPC has been implementing integration across the board with Care & Prevention, yet our data collection instruments are very different when testing, specifically testing tools for EIS v. Prevention. When offering collaborations with testing events, we vary with data collection.

A: C. Hicks stated: Testing forms/ instruments are designed to meet requirements of their respective funding source. Prevention and Care leadership can certainly have a conversation to see if instruments can be more similar while still remaining within standards of each specific program, but EIS services that are funded by CDPH use a different tracking form than Prevention services funded by IDPH.

12:00 pm: Public Comment Period -There were no public comments or other announcements at this time.

12:05 pm: Recap Discussion of Today's Meeting

J. Nuss recapped the meetings presentation and follow-up activities:

- The summary of the Integrated Plan's Activities Chart demonstrated the progress that has been made on identified objectives for HIV Prevention and Care.
- The 2019 I&S Guidance was approved by members. That document will be finalized shortly and posted to the "IHIPC Resource Documents" page of the IHIPC website (2019 Priority Populations and Risk Group Definitions have already been posted there).
- The proposed bylaw change was approved by the members. J. Nuss will be contacting Illinois Primary Health Care Association soon to communicate a request for partnership/appointed voting membership of an IPHCA representative on the IHIPC. .

-C. Hicks gave a very informative presentation on the Risk Group Definition vetting process as well as the testing/ sero-positivity data analysis. This is a good tool for members to have and review as the vetting process will be opened by the Epi/ NA committee in the near future.

12:10 pm: Adjourn – J. Nuss thanked all participants for their input. The meeting adjourned at 12:10 pm.

**Planning Group presentations/discussions are centered on IHIPC functions/processes, the goals/indicators of the National HIV/AIDS Strategy (NHAS), and/or the steps of the HIV Care Continuum.*

**NHAS Goals*

Goal 1 (Reduce New HIV Infections),
Goal 2 (Improve Access to HIV Care and Health Outcomes for PLWH),
Goal 3(Reduce HIV-Related Health Disparities);
Goal 4(Achieve a More Coordinated National response to the HIV Epidemic)

** Steps of the HIV Care Continuum:*

Linkage to Care
Engagement in Care
Retention in Care
Antiretroviral Therapy
Viral Suppression